This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	FNT	OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
-		ransmissions by	DATE RECEIVED	AMOUNT	
·		Short Form)		\$	For additional information, contact the U.S. Copyright
General instru in the first tab			07/26/2022	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.
A	ACC	OUNTING PERIOD COVERED	1		
Accounting		2022/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
Period					
В		Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	porate title
Owner		List any other name or names under whi If there were different owners during th single statement of account and royalty	e accounting period, only the owner on	the last day of the accounting period should s	ubmit a
		Check here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	6119
		LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM	I	
		WALNUT TELEPHONE COMPANY	DBA MARNE ELK HORN		
		BUSINESS NAME(S) OF OWNER C	F CABLE SYSTEM (IF DIFFEREN	Т)	
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
		PO BOX 346 (Number, street, rural route, apartment, or suite	number)		
		WALNUT IA 51577 (City, town, state, zip)			
С				entify the business and operation of the he system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTE	М:		
	2	(Number, street, rural route, apartment, or suite	number)		
		(City, town, state, zip code)			

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name Lobit mode (a) Under Carl (a) a fail (a) 0 a) a fail (b) Inforcedora: Lut can't apparte community served by the cable system. A "community if is the same a.a" community unit "as defined in CCC. 6 Inforcedora: Lut can't apparte can defined in CCC. 1 hort cable system. A "community if a same a.a" community unit "as defined in CCC. Inforcedora: Lut can't apparte can defined in CCC. 1 hort cable system. A "community unit "as defined in CCC. Area as a properties such as hotels, gardment, condemnum, there as a form of system identification hereafter hum the inforce annum in the community on that the finance annum on the cable system. A "community" and the site is a more parte sould be reported in parentheses below the dentified City.		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN State State Add Rows as Necessary MINDEN Madd Rows as Necessary IA PERSIA IA	Name		
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN STATE Community NALNUT IA AVOCA IA Add Rows as Necessary MINDEN IA NEOLA IA IA PERSIA IA IA			
Area discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN STATE Community NALNUT IA Aveas as Necessary AVOCA IA Add Rows as Necessary MINDEN IA NEOLA IA IA PERSIA IA IA			
Area as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN First WALNUT Community IA Add Rows as Necessary MINDEN MINDEN IA NEOLA IA IA IA IA IA	П		
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Community CITY OR TOWN STATE Availation IA IA Availation IA IA Add Rows as Necessary MINDEN IA Add Rows as Necessary MINDEN IA PERSIA IA IA			vill serve as a form of system identification hereafter know
Area Served identified city. First CITY OR TOWN STATE IA First AVOCA IA IA Add Rows as Necessary MINDEN IA NEOLA IA IA IA IA IA IA IA			
Served identified city. First CITY OR TOWN First WALNUT Community IA Add Rows as Necessary MINDEN NEOLA IA PERSIA IA	Δrea		me parks should be reported in parentheses below the
First CITY OR TOWN STATE Community WALNUT IA Community AVOCA IA Add Rows as Necessary MINDEN IA NEOLA IA PERSIA IA		identified city.	
First WALNUT IA Community AVOCA IA Add Rows as Necessary MINDEN IA MEOLA IA PERSIA IA			
First WALNUT IA Community AVOCA IA Add Rows as Necessary MINDEN IA MEOLA IA PERSIA IA			
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Community AVOCA IA Add Rows as Necessary SHELBY IA Add Rows as Necessary MINDEN IA PERSIA IA	First	WALNUT	IA
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	LEGAL NAME OF OWNER OF O	ABLE SYSTEM						FORM SA1-		
Name				MARNE EL	(HORN			010	611	
					-					
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission o	envice of	the cable		
_	system, that is, the retransmissi			-		•				
Secondary	about other services (including									
Fransmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Bot						,	,		
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv			0,0		1 0		g		
	Rate: Give the standard rate of									
	unit in which it is generally billed category, but do not include disc					ard rate variation	s within a	particular rate		
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable		
	systems most commonly provide			-						
	that applies to your system. Not			-		-				
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted of						uer Serv			
	Block 2: If your cable system					service that are	different	from those		
	printed in block 1 (for example,									
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descript	on of the	service is		
	sufficient.	OCK 1					BLOCK	()		
		NO. OF					BEOOI	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:	855		34.95/mo						
	Service to first set									
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel		3	18.87 room						
	Commercial		3	17.51 room						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscril	ber) inf	ormation with re	espect to a	all your cable sys	tem's ser	vices that were		
F	not covered in space E, that is,					,	,			
Services	service for a single fee. There a furnished at cost or (2) services				0		0 (/		
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BL O	CK 1				BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
			CATE	GORY OF SER lation: Non-res		RATE	CATEG		RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATE Instal			RATE	CATEG		RAT	
	Continuing Services:		CATE Instal • Mo	lation: Non-res		RATE	CATEG		RAT	
	Continuing Services: • Pay cable		CATE Instal • Mo • Co	lation: Non-res		RATE	CATEG		RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATE Instal • Mo • Co • Pa	lation: Non-res otel, hotel ommercial	idential	RATE	CATEG		RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATE Instal • Mo • Co • Pa • Pa	lation: Non-res otel, hotel ommercial ay cable	idential	RATE	CATEG		RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATE Instal • Mo • Co • Pa • Pa • Fin	lation: Non-res otel, hotel ommercial ay cable ay cable-add'l cl	idential	RATE	CATEG		RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	CATE Instal • Mo • Co • Pa • Pa • Fin • Bu	lation: Non-res otel, hotel ommercial ay cable ay cable-add'l cl re protection	idential	RATE	CATEG		RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATE Instal • Ma • Ca • Pa • Pa • Fin • Bu • Bu	lation: Non-res otel, hotel ommercial ay cable ay cable-add'l cl re protection urglar protection	idential	RATE	CATEG		RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATE Instal • Mo • Co • Pa • Pa • Fin • Bu • Bu • Cther • Re	lation: Non-res otel, hotel ommercial ay cable ay cable-add'I cl ay cable-add'I cl re protection urglar protection services:	idential		CATEG		RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATE Instal • Ma • Ca • Pa • Pa • Fin • Bu • Bu • Bu • Cther • Re • Di	lation: Non-res btel, hotel pommercial ay cable ay cable-add'l cl re protection urglar protection services: econnect	idential		CATEG		RATI	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYST
Name		E COMPANY DBA MARNE ELK	HORN	
	PRIMARY TRANSMITTERS:			
G Primary insmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WR Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a postitute program Log)—if the poon some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMTV-TV	3.1	N	Omaha NE
	GRIT	3.2	N-M	
ows as Necessary	LAFF-TV	3.3	N-M	
W5 65	ESCAPE	3.4	N-M	
	COURT TV	3.5	N-M	
	WOWT	6.1	N	
	COZI	6.2	N-M	
	H&I	6.3	N-M	
	ION tv	6.4	N-M	
	StartTV	6.5	N-M	
	CIRCLE	6.6	N-M	
	KETV-DT	7.1	N	
	KETV-STORY	7.3	N-M	
	1			
	TBD	15.1	N-M	I
	TBD STADIUM	15.1 15.2	N-M	
		15.2		
	STADIUM	15.2	N-M	
	STADIUM Charge!	15.2 15.3	N-M N-M	
	STADIUM Charge! KYNE	15.2 15.3 26.1	N-M N-M E	
	STADIUM Charge! KYNE IPTV-H	15.2 15.3 26.1 36.1	N-M N-M E E-M	
	STADIUM Charge! KYNE IPTV-H IPTV2-H	15.2 15.3 26.1 36.1 36.2	N-M N-M E E-M E-M	
	STADIUM Charge! KYNE IPTV-H IPTV2-H IPTV3-H	15.2 15.3 26.1 36.1 36.2 36.3	N-M N-M E E-M E-M E-M	
	STADIUM Charge! KYNE IPTV-H IPTV2-H IPTV3-H IPTV4-H	15.2 15.3 26.1 36.1 36.2 36.3 36.4	N-M N-M E E-M E-M E-M E-M	

ounting Period:	-			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER O			SYSTEM			
	WALNUT TELEPHON	E COMPANY DBA MARNE EL	(HORN	61			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	t (1) stations carried only on a part-ti	ime basis under			
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations c	51(e)(2) and (4))]; and (2) certain stat	tions carried on a			
relevision	basis under specific FCC re • Do <i>not</i> list the station her	ules, regulations, or authorizations: e in space G—but do list it in space I (t					
		also in space I, if the station was carrie on concerning substitute basis stations,					
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.						
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.						
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"						
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	COMET	42.4	N-M				
	TRUE	7.4	N-M				

EGAL NAME OF			PANY DBA MARNE ELK	HORN				SYSTEM II 61
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat	y the sys be rece it the Co I sign of the static ion's sig	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	it the system's hi system's FM ant his point, see pa	eadend, and (: enna, during c ge (v) of the g	2) it can certain s eneral ir	be expected, tated intervals. hstructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	k mark in the "S/D" column. ion (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				l				

Accounting Perio	od: 2022/1						FORM	I SA1-2E. PAGE 5.
_	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	WALNUT TELEPHONE	СОМРА	NY DBA MA	RNE ELK HORN				6119
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident					tion that vo	ur cable svst	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	structions in	the paper SA	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	vision progr	am
Program Log	broadcast by a distant sta	tion?					YES	×NO
	Note: If your answer is "No	" loovo tho	roct of this pa	ao blank. If your answor is	"Voc " vou			
	-	, leave life	rescortins pa	ge blank. If your answer is	s res, your	nust compr	ete the prog	lalli
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			ate line. Use abbreviations	s wherever p	ossible. if th	eir meaning	ı is
	clear. If you need more spa					,		
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				······	,	
				er "Yes." Otherwise enter				
		0		asting the substitute prog he community to which th		concod by t	ho ECC or i	in
	the case of Mexican or Car							
				stem carried the substitute			s, with the m	nonth
	first. Example: for May 7 giv							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	led by a system norm 0.01	. 15 p.m. to c	.20.00 p.m.		
		er "R" if the	listed progran	n was substituted for prog	ramming that	t your syste	m was <i>requ</i>	ired
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976.	• •	your system w	as permitted to delete und	ler FCC rules	and regula	auons in	
								1
						N SUBSTI		
						AGE OCC		 REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	— то	
							_	
						·	—	
							_	
							_	
							_	
							_	
							_	
						·		
							_	
							_	
							_	

Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	WALNUT TELEPHONE COMPANY DBA MARNE ELK HORN		6119
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, se	B,366.74
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	nis six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 208,366.74		
	4. Enter the amount of gross receipts from space K	08,366.74	
	5. Enter the amount from line 3	55,433.26	
	6. Subtract line 5 from line 4	52,933.48	
	7. Multiply line 6 by .005 (enter figure here)	\$	764.67
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$	764.67
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	764.67	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	784.67
	EFT Trace # or TRANSACTION ID # 2711B2N5		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WALNUT TELEPHONE COMPANY DBA MARNE ELK HORN	SYSTEM ID# 6119
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	25
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	173
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Rachel Hamilton Telephone	712-784-2211
	Address PO Box 346, 510 Highland St (Number, street, rural route, apartment, or suite number) Walnut IA 51577 (City, town, state, zip)	
	Email rachel@metcteam.com Fax (optional)	
ο	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 	B; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	vner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Rachel Hamilton Title: CEO	
	(Title of official position held in corporation or partnership) Date: 7-26-22	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

counting Period: 2	2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID:
ALNUT TELEP	HONE COMPANY DBA MARNE ELK HORN	6119
The Satellite He lowing sentence "In deten service scribers For more inform	FATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
-	punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
For an explana	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 2 Multiply	<pre>x</pre>	-
Line 3 Multiply	/ line 2 by the number of days late and enter the sum here	_
	v line 3 by 0.00274** and enter here = L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	_
	e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is th	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
-	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First communit Accounting per		

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